

## Introduction

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Social factors pose singularly intriguing problems in the field of mental health and preventive medicine and encompass a wide variety of subjects. Studies in this issue range from the utilization of the hospital milieu to treat psychiatrically ill patients to the techniques a physician must employ in adapting himself to an unfamiliar culture, from the effects of culture on the etiology of tuberculosis to the effects of group membership on the formation of attitudes. Nevertheless, it would appear even to the casual observer that a unifying concept is present. We are dealing with the importance of the relationships between the patient, the physician, and the community. The area of abutment of each of the articles presented in this special issue of *Human Organization* is the area of behavior and its significance in health and disease.

As we abandon the concept of *functional* as opposed to *organic*, the interaction between behavior and other aspects of disease such as infectious factors or metabolic changes becomes a major consideration. This change in emphasis on what is to be taken as important in the fields of mental health and preventive medicine is quite evident and is testified to by the large changes in medical curricula in some of the more *avant garde* of American medical schools. These curricula are becoming increasingly oriented toward human behavior and to the contributions in this area of the sociologist, anthropologist, and social psychologist. It is this set of contributions which is taking its place alongside of anatomy and physiology, as part of the basic science material of medicine.

In order to institute programs of prevention in new areas some knowledge of behavior and of the particular attitudes of the strange culture must be known. Further, there must be an imaginative consideration of various sorts of gambits in order to deal effectively with the new problems. Here, then, is the proper place for joint action by preventive medicine and psychiatry, and, it is perhaps neither too much to hope nor to expect, that, in the future, productive relationship will be found between the two disciplines in teaching and research in the field of normal human behavior. Such a rapprochement would be particularly significant in the preclinical years of a medical school program.

More venerable and better known than the above field of normal behavior, is the study of social factors in the

epidemiology of disease. The lack of specific etiological agents tends to emphasize the practical importance of the social factors, but even in entities which are reproducible in the laboratory, the influence of social factors cannot be disregarded. In discussing the subject of epidemiology, we are dealing with a set of factors which, if not carefully evaluated, can be as misleading as they might be rewarding if interpreted with caution. Years before the isolation of the specific agent in syphilis of the central nervous system, much was made of the fact that, while sailors had a high incidence of paresis, it was a disease practically unknown among the women who were members of various religious orders. As a consequence, the sea and salt air were implicated in the pathogenesis of the disease. On the other hand, there are no lack of really perspicacious observations on the interplay of disease and social factors. Even in 1893, Emile Zola, writing his novel *Doctor Pascal*, remarked on the two children of the woman Guiraud whose husband had died of consumption. Valentin, a boy of 21, whom his mother had insisted on keeping with her out of a "blind affection" was sickly, tubercular, and dying, whereas, Sophie, a girl of 16, had been sent to a neighboring village to live with an aunt where she grew up in "open air" and enjoyed "superb health." Ultimately it would appear that the main contribution of these sorts of observations will not be in pointing out social factors as the end point in the etiology of disease, but rather in providing a set of facts which delineate the illness and make it possible to determine the *sine qua non* of the process.

One final point remains. This concerns the use of the milieu in the treatment of disease. In mental illness and in the cutting down of narcotics for terminal cancer patients, this type of treatment recently has been used and has resulted in valuable additions to the armamentarium of therapy. It emphasizes once more, that treatment does not need to be connected with etiology in a 1:1 ratio for it to be of value.

In light of the above comments this special issue of *Human Organization*, devoted to mental health and preventive medicine, has been composed. We are presenting significant contributions to an exciting field of new and converging research interests. We hope that this special issue will stimulate further research progress in a field which promises so much for improvements in therapy and in preventive medicine.

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